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Enter your personal information (Please print clearly)

☐ Employee ☐ Surviving Beneficiary (attach notice of death form) ☐ Alternate Payee (attach a QDRO form)

Participant's Name (First, Middle Initial, Last)

Participant's Social Security Number (SSN)

Street Address

Apt. No.

Birthdate: mm - dd - yyyy

City

State

Zip

()

()

Daytime Phone

Evening Phone

E-mail Address

Marital Status: ☐ Married ☐ Single or Legally Separated

☐ Check here to sign up for e delivery *

Plan Administrator Use Only (Form cannot be processed without this required information and signature)

Hire Date ____ / ____ / ____ Plan Entry Date ____ / ____ / ____

Payroll Frequency: ☐ Monthly (12/Yr) ☐ Semi-Monthly (24/Yr) ☐ Bi-Weekly (26/Yr) ☐ Weekly (52/Yr)

As Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature.

Plan Administrator Signature

Date

2

Choose your payroll deduction method

☐ **Before-Tax Contribution:** \$ ____ of my compensation each pay period for deposit to my before-tax account. Each before-tax contribution amount cannot exceed any applicable limit set by the Plan. In addition, total before-tax contributions to all qualified retirement plan(s) you participate in cannot exceed \$18,000 for the 2017 calendar year. If you reach age 50 any time during the calendar year or are over 50, you may be eligible to contribute up to an additional \$6,000 as a catch-up contribution for the 2017 calendar year. Please check with your Plan Administrator.

☐ **Decline Plan Participation:** I elect to make no contributions (0%) at this time. I understand I may revoke this election at any time or I may change this election as allowed by the Plan.

Enrollment Form

City of Stamford 457 Deferred Compensation Plan
City of Stamford
62494-1-1

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Choose one of the investment strategies below

Your investment strategies are outlined on the following pages. **Choose the selection that works for you.**

IMPORTANT NOTE: This investment election applies to your rollover and all future contributions. Investment allocation strategies are a convenient way of allocating your account among certain of the plan's individual investment options. Any investment allocation strategies included in these materials are not intended to be investment advice or recommendations to you and may or may not be appropriate for your circumstances. In applying investment allocation strategies to your individual circumstances, you should consider your other assets, income and investments as well as your risk tolerance. If you direct your contributions or current account balance to an investment allocation strategy, your contributions or account balance will be invested in each of the individual investment alternatives in the percentages indicated for the strategy. The plan may offer other investment options not included in the strategies and the individual investment alternatives included in the strategies may also be available on a stand-alone basis. The Investment Portfolio chart lists asset classes, along with their weightings in the allocation strategy. Additional investment options may exist that are not included in the portfolio. When selecting your investments, choose only **ONE** portfolio from any of the strategies, sign the form and you're done **OR** you can select individual investment options (under Option C) and build your own portfolio. See below for a complete list of options. The investment options available in this plan may change at the direction of the Plan Sponsor. Elections made on this form may be modified to follow the intent of those changes.

Until you make your investment selection, your contributions will be invested in the Target Asset Allocation Investment Option listed below which has the target retirement date closest to your 65th birthday. If you are near, at or past your 65th birthday, your contributions will be invested in the target asset allocation investment option that shows no target retirement date. Following your enrollment, you will receive a transaction confirmation that will tell you specifically in which Target Asset Allocation Option your contributions have been invested. Subject to certain restrictions, you may redirect your contributions to any other investment option under the Plan at any time.

A: Age-Based Investment Option (If you make a selection here, do not make a selection under any other option.)

If you select one of these Asset Allocation investment options, based on the date closest to the year you plan to retire, you are almost done! Check the appropriate box and go to Step 4.

Target Asset Allocation Investment Options are single solutions that offer professional management and monitoring as well as diversification all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date. Your plan is designed to invest your contributions into one of these options as the default investment based on your date of birth and a projected retirement age of 65. You may always choose new investment options at any time.

- ☐ Vanguard Target Rtrmnt Incm Fd
- ☐ Vanguard Target Rtrmnt 2015 Fd
- ☐ Vanguard Target Rtrmnt 2020 Fd
- ☐ Vanguard Target Rtrmnt 2025 Fd
- ☐ Vanguard Target Rtrmnt 2030 Fd
- ☐ Vanguard Target Rtrmnt 2035 Fd
- ☐ Vanguard Target Rtrmnt 2040 Fd
- ☐ Vanguard Target Rtrmnt 2045 Fd
- ☐ Vanguard Target Rtrmnt 2050 Fd
- ☐ Vanguard Target Rtrmnt 2055 Fd
- ☐ Vanguard Target Rtrmnt 2060 Fd

or

B: Custom Portfolio Investment Option (If you make a selection here, do not make a selection under any other option.)

Custom portfolios, based on different risk tolerances, have been arranged using the individual funds available to your plan. **The amounts of each individual fund contained in the different Custom Portfolio options are shown on the right side of the following fund list.** If you select one of these Custom Portfolio investment options, you are almost done! Check the appropriate box and go to Step 4.

- ☐ Short Term
- ☐ Conservative
- ☐ Moderate
- ☐ Aggressive
- ☐ Ultra Aggressive

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or

C: Individual Fund Option (If you enter selections here, do not make a selection under any other option.)

First, select the individual funds in which you wish to invest. Then, enter the percentage of your contributions to be invested in each of those funds in the space provided. Make sure selections are whole percentages and total 100%. When they add up to 100%, you are almost done! Go to Step 4.

Investment Options	All Contributions	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
SF Guaranteed	_____ %	95%	21%	6%	2%	-
Fidelity U.S. Bond Index Fund	_____ %	2%	24%	17%	7%	-
Western Asset Cr Plus Bond Fd	_____ %	3%	25%	17%	7%	-
Vanguard Target Rtrmnt Incm Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2015 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2020 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2025 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2030 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2035 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2040 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2045 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2050 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2055 Fd	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2060 Fd	_____ %	-	-	-	-	-
MFS Value Fund	_____ %	-	4%	7%	10%	12%
Fidelity 500 Index Fd	_____ %	-	10%	18%	26%	34%
Fidelity Contrafund	_____ %	-	4%	8%	10%	12%
Eaton Vance Atlanta Cap SMID-C	_____ %	-	1%	4%	5%	5%
Fidelity Extended Markt Idx Fd	_____ %	-	1%	4%	5%	4%
Vanguard Explorer Value Fund	_____ %	-	5%	8%	11%	13%
MFS International Value Fund	_____ %	-	-	1%	2%	3%
Fidelity Global ex US Index Fd	_____ %	-	5%	10%	15%	17%

4 Sign, date and return your forms

Please provide your signature and mail to: City of Stamford, Human Resources, Attn: Angie Murphy, 888 Washington Blvd, Stamford, CT 06901. After receipt of this form, MassMutual will send you written confirmation once your account is established.

I understand I may revoke this election at any time or I may change this election as allowed by the Plan. I understand that the maximum annual limit on contributions is determined under the Plan document and the Internal Revenue Code. Any amounts contributed may be reduced or returned to me as required by these limitations.

X

Participant's Signature

Date

IMPORTANT NOTE: IF YOU ENROLL BY MAILING THIS FORM TO MASSMUTUAL, BUT THEN SUBSEQUENTLY CHANGE YOUR ELECTIONS THROUGH THE AUTOMATED PHONE LINE OR THE PARTICIPANT WEBSITE, THE MOST RECENTLY DATED ACTIVITY WILL PREVAIL.

If you have selected an investment strategy and one or more of the strategy's component investments listed on your form has been replaced, any contributions that would have been invested in that component investment will be invested according to the investment allocation in effect at the time the strategy is implemented and the new component will be listed on your confirmation form.

Enrollment Form

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62494-1-1

Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. For this and other information, see the prospectus available from your plan sponsor, on the participant website at www.retiresmart.com or by contacting our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday. Read it carefully before investing.

**If you have elected e-delivery in Section 1 above, you are consenting to receive announcements regarding electronically-available materials for your retirement plan online. A link to the available materials will be contained within the e-mail announcement. Materials referenced within the e-mail announcement may be viewed electronically, or printed via the internet. Documents will be posted either in HTML or PDF format. By signing up for this service, you are verifying that you possess the ability to view and download HTML and PDF documents. These documents are required under Title I of ERISA and may include, for example, a Summary Plan Description, a Summary of Material Modification, individual benefit statements, investment related information, as well as any notice or communication required under the Internal Revenue code including, but not limited to, loan notes, notices of interest parties, and notices of available distribution options. Enrollment in MassMutual's e-delivery notification program will continue as long as your e-mail account remains active, or until you elect to cancel your enrollment. In the event of an invalid or illegible e-mail address, full mailbox, spam settings or if you have selected e-delivery without providing an email address, MassMutual will send printed material via mail. Also, if you have previously established an e-delivery election and have not selected e-delivery on this form, your election will not be canceled. The election or cancellation date of the e-mail notification program may result in notifications remaining in your existing delivery method for a short period of time. Adobe Acrobat Reader version 7.0 or higher is required to view retirement statements. Visit www.adobe.com for a free download.*

To get the most out of your plan... You may also roll over your eligible distributions from your prior employer's qualified plan.

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MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) [of which Retirement Services is a division] and its affiliated companies and sales representatives.



City of Stamford 457 Deferred Compensation Plan
Beneficiary Designation
Governmental Plan

Account Number **62494-001**

Participant's Name _____
first middle last

Participant's Address _____
street
city state zip

Social Security No. _____ Marital Status: ☐ Married ☐ Single or Legally Separated

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.
This designation supersedes any prior designation.

Primary Beneficiary: (Check either box 1 or 2)

1. ☐ **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.
Spouse's Name: _____
Spouse's Social Security No. _____ Spouse's Date of Birth _____
mm/dd/yyyy
2. ☐ **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)
If applicable, Spouse's Date of Birth: _____
mm/dd/yyyy

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

Contingent Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on our participant website at www.massmutual.com/retire. Plan Administrator: Please retain a copy of this form in your files.

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

SIGNATURE

I understand that this beneficiary designation supersedes any previous designation.

Participant _____ Date ____/____/____

f6821gov **MassMutual Retirement Services, PO Box 219062, Kansas City MO 64121-9062**
For Overnight Mail: MassMutual Retirement Services, 430 W 7th St, Kansas City MO 64105
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